

District 1

## Application for Senior Services Advisory Board

### Additional Information:

Iâ€™m a disabled senior and have used many Senior services

### ***Personal Information***

#### **Salutation**

Ms

#### **First Name**

Cynthia

#### **Last Name**

Rentch

#### **Address 1**

1550 Sky Valley Drive F 2026

#### **Address 2**

#### **City**

Reno

#### **County**

Washoe

#### **State**

Nv

#### **Zipcode**

89523

#### **Main Phone**

7754206641

#### **Secondary Phone**

#### **Email Address**

[cmr39@charter.net](mailto:cmr39@charter.net)

#### **Contact Preference**

any

#### **Unsubscribe**

unchecked

### ***Education Background***

#### **School Name**

American Vocational School

#### **Graduated**

yes

#### **Graduation Year**

1973

#### **Course Of Study**

Licensed Vocational Nurse

#### **Degree Earned**

AA

#### **Notes**

### ***Professional Background***

#### **Employer**

Retired

#### **From Date**

present

#### **To Date**

present

#### **Status**

full-time

#### **Job Title**

#### **Duties**

### ***Awards and Honors***

### ***Volunteer History***

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